Health and Social Care Information Centre

NHS Data Model and Dictionary Service

Type:	Data Dictionary Change Notice
Reference:	1477
Version No:	1.0
Subject:	Payment by Results
Effective Date:	Immediate
Reason for Change:	Change of name / definitions
Publication Date:	9 July 2014

Background:

Payment by Results is now known as the National Tariff Payment System.

This Data Dictionary Change Notice (DDCN) updates the NHS Data Model and Dictionary as follows:

- Renames the NHS Business Definition "Payment by Results" to the "National Tariff Payment System" and updates the definition.
- Updates other items that reference "Payment by Results" as appropriate.

To view a demonstration on "How to Read an NHS Data Model and Dictionary Change Request", visit the NHS Data Model and Dictionary help pages at: http://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm.

Note: if the web page does not open, please copy the link and paste into the web browser.

Summary of changes:

Supporting Information	
COMMISSIONING DATA SET ADDRESSING GRID	Changed Description
COMMISSIONING DATA SET MANDATED DATA FLOWS	Changed Description
COMMISSIONING DATA SETS OVERVIEW	Changed Description
COMMISSIONING DATA SET SUBMISSION AND ORGANISATION MERGERS	Changed Description
COMMUNITY INFORMATION DATA SET OVERVIEW	Changed Description
HIV AND AIDS REPORTING DATA SET OVERVIEW	Changed Description
MENTAL HEALTH CARE CLUSTER	Changed Description
MENTAL HEALTH CARE CLUSTER SUPER CLASS	Changed Description
MENTAL HEALTH CLUSTERING TOOL	Changed Description
MENTAL HEALTH MINIMUM DATA SET OVERVIEW	Changed Description
MONITOR	Changed Description
MULTI-DISCIPLINARY CONSULTATION (NATIONAL TARIFF PAYMENT SYSTEM) renamed from MULTI-DISCIPLINARY CONSULTATION (PAYMENT BY RESULTS)	Changed Name, Description
MULTI-PROFESSIONAL CONSULTATION (NATIONAL TARIFF PAYMENT SYSTEM) renamed from MULTI-PROFESSIONAL CONSULTATION (PAYMENT BY RESULTS)	Changed Name, Description
NATIONAL CASEMIX OFFICE	Changed Description
NATIONAL TARIFF PAYMENT SYSTEM renamed from PAYMENT BY RESULTS	Changed Name, Description
SUPPORTING DATA SETS INTRODUCTION	Changed Description

Class Definitions

MENTAL HEALTH CARE CLUSTER	Changed Description

Attribute Definitions

LENGTH OF STAY ADJUSTMENT	Changed Description
MULTI-PROFESSIONAL OR MULTI-DISCIPLINARY INDICATION CODE	Changed Description
REHABILITATION ASSESSMENT TEAM TYPE	Changed Description

Data Elements

COMMISSIONING SERIAL NUMBER	Changed Description
ORGANISATION CODE (CODE OF COMMISSIONER)	Changed Description
ORGANISATION CODE (CODE OF PROVIDER)	Changed Description

Date: 9 July 2014
Sponsor: Dr K. Lunn, Director of Information Standards Delivery, Health and Social Care Information Centre

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

COMMISSIONING DATA SET ADDRESSING GRID

Change to Supporting Information: Changed Description

The Commissioning Data Set Addressing Grid below illustrates which ORGANISATION CODES should be used to populate the CDS PRIME RECIPIENT IDENTITY and CDS COPY RECIPIENT IDENTITY for each PATIENT / NHS SERVICE AGREEMENT. See the specific ORGANISATION CODE Data Elements for further information on their usage and Organisation Data Service Default Codes etc.

Health Care Providers need to specify the ORGANISATIONS that have a right to the commissioning data set data as a CDS PRIME RECIPIENT IDENTITY or CDS COPY RECIPIENT IDENTITY. This is so that they can access the data once it has been stored in the Secondary Uses Service.

~~*Please note that payment via Payment by Results is not determined by the CDS PRIME RECIPIENT IDENTITY or CDS COPY RECIPIENT IDENTITY.*~~*Please note that payment via the National Tariff Payment System is not determined by the CDS PRIME RECIPIENT IDENTITY or CDS COPY RECIPIENT IDENTITY.*

Important Notes:

- The CDS PRIME RECIPIENT IDENTITY must be allocated on the first creation and submission of a CDS TYPE for a PATIENT and **must not change even if the ADDRESS or ORGANISATION CODE (RESIDENCE RESPONSIBILITY) of the PATIENT changes during the lifetime of the Commissioning Data Set record** otherwise duplicate Commissioning Data Set data may be lodged in the Secondary Uses Service database.
  See the supporting information in Commissioning Data Set Submission Protocol for a detailed explanation.

- Note that if two recipients are identical for example, the ORGANISATION CODE (PCT OF RESIDENCE) may be the same as the ORGANISATION CODE (CODE OF COMMISSIONER), only one entry for that ORGANISATION should be made for that recipient.

- Specialised service ACTIVITY commissioned by a regional Specialised Commissioning Group should include their ORGANISATION CODE as a CDS COPY RECIPIENT IDENTITY. ACTIVITY commissioned by a shared service ORGANISATION or other consortium of Primary Care Trusts, should similarly include the ORGANISATION CODE of the shared service or the lead Primary Care Trust, if this does not already appear as a CDS COPY RECIPIENT IDENTITY or CDS PRIME RECIPIENT IDENTITY.

  Commissioning Data Set Addressing Grid for users of Commissioning Data Set version 6-1 (CDS-XML Schema version 6-1-1)

PATIENT / NHS SERVICE AGREEMENT	Data Elements in the Commissioning Data Sets Version 6-1 only		
	CDS PRIME RECIPIENT IDENTITY M*	CDS COPY RECIPIENT IDENTITY O*	
Private PATIENT	ORGANISATION CODE (PCT OF RESIDENCE)	VPP00	ORGANISATION CODE (RESPONSIBLE PCT)
National Commissioning Group (NCG) commissioned	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group	YDD82
Overseas Visitor liable for NHS charges and not registered with a General Medical Practitioner Practice	ORGANISATION CODE (PCT OF RESIDENCE)	VPP00	
Overseas Visitor liable for NHS charges and registered with a General Medical Practitioner Practice	ORGANISATION CODE (PCT OF RESIDENCE)	VPP00	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group
Overseas Visitor exempt from charges, current permanent residence overseas and not registered with a General Medical Practitioner Practice	TDH00	ORGANISATION CODE (CODE OF COMMISSIONER)	
Overseas Visitor exempt from charges, current permanent overseas and registered with a General Medical Practitioner Practice	TDH00	ORGANISATION CODE (CODE OF COMMISSIONER)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group
Overseas Visitor exempt from charges, current permanent residence is the UK and not registered with a General Medical Practitioner Practice	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE (CODE OF COMMISSIONER)	
Overseas Visitor exempt from charges, current permanent residence is the UK and registered with a General Medical Practitioner Practice	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE (CODE OF COMMISSIONER)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group
PATIENT registered with a General Medical Practitioner Practice treated as a Non-Contract Activity	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group	ORGANISATION CODE (CODE OF COMMISSIONER)
PATIENT not registered with a General Medical Practitioner Practice treated as a Non-Contract Activity	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE (CODE OF COMMISSIONER)	
** PATIENT registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the	ORGANISATION CODE of ORGANISATION to which costs of treatment accrue

		responsible Clinical Commissioning Group	
** PATIENT not registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE of ORGANISATION to which costs of treatment accrue	
PATIENT registered with General Medical Practitioner Practice with Primary Care Trust NHS SERVICE AGREEMENT (excluding Overseas Visitors)	ORGANISATION CODE (PCT OF RESIDENCE)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group	
PATIENT not registered with a General Medical Practitioner Practice but resident in an area covered by a Primary Care Trust with a Primary Care Trust NHS SERVICE AGREEMENT (excluding Overseas Visitors)	ORGANISATION CODE (PCT OF RESIDENCE)		

Notes:

*Key to population codes:

M - This Data Element is mandatory in the CDS-XML schema version 6-1-1. Submissions will not flow if this Data Element is absent
O - This Data Element is optional.

** Specialised Services and Other Commissioning Consortia Service Agreements include SERVICES that are commissioned by regional Specialised Commissioning Groups and local arrangements for commissioning ACTIVITY through shared service ORGANISATIONS.

Commissioning Data Set Addressing Grid for users of Commissioning Data Set version 6-2 onwards

PATIENT / NHS SERVICE AGREEMENT	**Data Elements in the Commissioning Data Sets Version 6-2 onwards**		
	CDS PRIME RECIPIENT IDENTITY M*	**CDS COPY RECIPIENT IDENTITY O***	
Private PATIENT	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	VPP00	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group
National Commissioning Group (NCG) commissioned	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group	YDD82
		VPP00	

Overseas Visitor liable for NHS charges and not registered with a General Medical Practitioner Practice	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)		
Overseas Visitor liable for NHS charges and registered with a General Medical Practitioner Practice	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	VPP00	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group
Overseas Visitor exempt from charges, current permanent residence overseas and not registered with a General Medical Practitioner Practice	TDH00	ORGANISATION CODE (CODE OF COMMISSIONER)	
Overseas Visitor exempt from charges, current permanent overseas and registered with a General Medical Practitioner Practice	TDH00	ORGANISATION CODE (CODE OF COMMISSIONER)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group
Overseas Visitor exempt from charges, current permanent residence is the UK and not registered with a General Medical Practitioner Practice	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE (CODE OF COMMISSIONER)	
Overseas Visitor exempt from charges, current permanent residence is the UK and registered with a General Medical Practitioner Practice	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE (CODE OF COMMISSIONER)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group
PATIENT registered with a General Medical Practitioner Practice treated as a Non-Contract Activity	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group	ORGANISATION CODE (CODE OF COMMISSIONER)
PATIENT not registered with a General Medical Practitioner Practice treated as a Non-Contract Activity	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE (CODE OF COMMISSIONER)	
** PATIENT registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group	ORGANISATION CODE of ORGANISATION to which costs of treatment accrue
** PATIENT not registered with General Medical Practitioner Practice with a Specialised Services and Other Commissioning Consortia Service Agreement	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE of ORGANISATION to which costs of treatment accrue	
PATIENT registered with General Medical Practitioner Practice with Primary Care Trust NHS SERVICE AGREEMENT (excluding Overseas Visitors)	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)	ORGANISATION CODE (RESPONSIBLE PCT) or ORGANISATION CODE of the responsible Clinical Commissioning Group	
PATIENT not registered with a General Medical Practitioner Practice but	ORGANISATION CODE (RESIDENCE RESPONSIBILITY)		

resident in an area covered by a Primary Care Trust with a Primary Care Trust NHS SERVICE AGREEMENT (excluding Overseas Visitors)			

Notes:

*Key to population codes:

M - This Data Element is mandatory in the CDS-XML schema version 6-1-1. Submissions will not flow if this Data Element is absent
O - This Data Element is optional.

** Specialised Services and Other Commissioning Consortia Service Agreements include SERVICES that are commissioned by regional Specialised Commissioning Groups and local arrangements for commissioning ACTIVITY through shared service ORGANISATIONS.

For supplementary information on the Commissioning Data Sets, see the NHS Data Model and Dictionary website.

COMMISSIONING DATA SET MANDATED DATA FLOWS

Change to Supporting Information: Changed Description

~~The minimum Commissioning Data Sets information flow requirement to enable Hospital Episode Statistics, 18 Weeks ACTIVITY reporting, and Payment by Results to be supported by the Secondary Uses Service is shown in the table below.~~The minimum Commissioning Data Sets information flow requirement to enable Hospital Episode Statistics, 18 Weeks ACTIVITY reporting, and the National Tariff Payment System to be supported by the Secondary Uses Service is shown in the table below.

The Secondary Uses Service supports every CDS TYPE but only a subset is mandated to flow.

Commissioning Data Sets may flow to the Secondary Uses Service using either Net Change or Bulk Replacement Commissioning Data Set Submission Protocols. Many Standard NHS Contracts between Health Care Providers and the commissioners of their SERVICES, now specify weekly submission of initially-coded data sets to the Secondary Uses Service. The use of Net Change Commissioning Data Set Submission Protocols is recommended for submissions of this frequency.

CDS TYPE	DESCRIPTION	MIN FREQUENCY	DIRECTIVE	DATA FLOW
CDS 010	Accident And Emergency	Monthly	Accident and Emergency Attendances were mandated to flow nationally from 1st April 2005, see DSCN 32/2004	All Accident and Emergency Attendances occurring during the time period being reported and defined by the Commissioning Data Set Submission Protocol being used.
CDS 020	Out-Patient	Monthly	Out-Patient Attendance Commissioning Data Sets (including Ward Attenders) were mandated to be submitted to the Secondary Uses Service from 1st October 2001, see DSCN 05/2001. Out-Patient Attendance Commissioning Data Set records	Due to the high volumes involved, these are often submitted on a weekly basis.

			where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009. NURSE and MIDWIFE attendances and Attendances for nursing care were enabled to be carried in the Out-Patient Attendance Commissioning Data Set from 1 April 2005, DSCN 32/2004 Other Care Professional Attendances where an appropriate Treatment Function exists may also be submitted. Out-patient records where the activity relates to the Allied Health Professional Referral To Treatment Measurement standard must be submitted to the Secondary Uses Service (in accordance with ISN ISB0092 Amd 06/2011, and must include the PATIENT PATHWAY data group data items. Note that this is only supported in Commissioning Data Set version 6-2 onwards, with the introduction of data element WAITING TIME MEASUREMENT TYPE. Users of CDS 6-1-1 must NOT submit the PATIENT PATHWAY data group for these records.	
CDS 021	Future Out-Patients	As Required for piloting	From 01/01/2008, submissions to support local activities and commissioning will be supported for piloting purposes only.	
CDS 030	Elective Admission List End of Period (Standard)	Monthly if used	All Providers should endeavour to support this data flow. Elective Admission List End of Period Census (Standard) Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	All entries where at the end of the time period being reported and defined by the Commissioning Data Set Submission Protocol, the PATIENT remains on the ELECTIVE ADMISSION LIST. Optionally and by local agreement with commissioners, entries relating to the PATIENTS that have been removed from the ELECTIVE ADMISSION LIST may be included.
CDS 040	Elective Admission List End of Period (New)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 050	Elective Admission List End of Period (Old)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 060	Elective Admission List Event During Period (Add)	Monthly if used	Optional Elective Admission List Event During Period (Add) Commissioning Data Set records	May be submitted where an entry has been added to the ELECTIVE ADMISSION LIST during the time period reported.

			where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	
CDS 070	Elective Admission List Event During Period (Remove)	Monthly if used	Optional Elective Admission List Event During Period (Remove) Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an entry has been removed from the ELECTIVE ADMISSION LIST during the time period reported.
CDS 080	Elective Admission List Event During Period (Offer)	Monthly if used	Optional Elective Admission List Event During Period (Offer) CDS records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	May be submitted where an offer has been made during the time period reported.
CDS 090	Elective Admission List Event During Period (Available / Unavailable)	Monthly if used	Optional	May be submitted where a patient becomes Available or Unavailable during the time period reported.
CDS 100	Elective Admission List Event During Period (Old Service Agreement)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 110	Elective Admission List Event During Period (New Service Agreement)	Monthly if used	Optional	May be submitted where the Commissioner has been changed during the time period reported.
CDS 120	Finished Birth Episode	Monthly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 130	Finished General Episode	Monthly	All finished Admitted Patient Care data must be submitted "at least monthly" (EL - Dec 1995). This includes Non-Contract Activity. Finished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.

			PATIENT PATHWAY data group items, from 1st October 2009.	
CDS 140	Finished Delivery Episode	Monthly	All finished Admitted Patient Care data must be submitted ***at least monthly*** (EL - Dec 1995). This includes Non-Contract Activity.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 150	Other Birth	Monthly	This includes Home Birth.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 160	Other Delivery	Monthly	This includes Home Delivery.	All Episodes that have finished relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 170	The Detained and/or Long Term Psychiatric Census	Annually	Required by the Health and Social Care Information Centre. May *optionally* be sent more regularly, usually monthly.	Reflects data as at the 31st March each year. All Episodes that are relevant to the time period defined by the Commissioning Data Set Submission Protocol being used.
CDS 180	Unfinished Birth Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre. May *optionally* be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service.
CDS 190	Unfinished General Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre May optionally be sent more regularly, usually monthly. Unfinished General Episode Commissioning Data Set records where the activity relates to a Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement must include the PATIENT PATHWAY data group items, from 1st October 2009.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service.
CDS 200	Unfinished Delivery Episode	Annually	The Annual Census / Unfinished Census. Required by the Health and Social Care Information Centre May optionally be sent more regularly, usually monthly.	Data relating to episodes that were unfinished as at midnight on 31st March and have not been included in the Detained and/or Long Term Psychiatric Census, and have not been submitted to the Secondary Uses Service in either Finished or Unfinished Commissioning Data Set data, must be submitted to the Secondary Uses Service.

Change to Supporting Information: Changed Description

The purpose of the Commissioning Data Sets is to enable conformant health ACTIVITY information to be generated, independent of the ORGANISATION or system that maintains it. This enables health CARE PROFESSIONALS to measure and compare the delivery and quality of care provided and to support them in sharing information with other health professionals and ORGANISATIONS.

Commissioning Data Sets currently support the following ACTIVITIES:

- monitoring and managing NHS SERVICE AGREEMENTS
- developing commissioning plans
- ~~supporting the Payment by Results processes~~
- supporting the National Tariff Payment System
- underpinning clinical governance
- understanding the health needs of the population
- reporting waiting time measurement

Information on care provided for all PATIENTS by Health Care Providers (both NHS and Independent Sector Healthcare Providers for NHS PATIENTS only) must be submitted to the Secondary Uses Service according to the Commissioning Data Set Mandated Data Flows guidelines.

Commissioning ORGANISATIONS need access to data to monitor Non-Contract Activity as part of the management of their NHS SERVICE AGREEMENTS, and to monitor in-year REFERRAL REQUESTS to investigate the sources and reasons for Non-Contract Activity.

The Department of Health requires accurate data for all PATIENTS admitted treated as out-patients or treated as an Accident and Emergency Attendance by Health Care Providers, including PATIENTS receiving private treatment. The Commissioning Data Sets also includes NHS PATIENTS treated electively in the independent sector and overseas.

Referral To Treatment Clock Stop Administrative Events may also flow using the CDS V6-1 Type 020 - Outpatient Commissioning Data Set/CDS V6-2 Type 020 - Outpatient Commissioning Data Set. This allows the Secondary Uses Service to build accurate PATIENT PATHWAYS for the reporting of waiting time measurement.

CDS TYPES

The Commissioning Data Sets are the basic structure used for the submission of commissioning data to the Secondary Uses Service and is designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Accident and Emergency Attendances, Out-Patient Attendances, Future Attendances, Admitted Patient Care and Elective Admission List data.

COMMISSIONING DATA SET SUBMISSION AND ORGANISATION MERGERS

Change to Supporting Information: Changed Description

ORGANISATIONS can function as independent senders of Commissioning Data Sets and have service level agreements with Acute, Community or Mental Health ORGANISATIONS for the submission of this data. These agreements usually relate to clinical services that are subcontracted to that provider or where clinical services are facilitated on that site but owned by the commissioner of the agreement.

ORGANISATION mergers do not always result in an immediate merger of IT facilities and their often disparate systems to enable a single flow of commissioning data to the Secondary Uses Service. In this case, data flows to the Secondary Uses Service for multiple sites from multiple senders must be very carefully managed in order to avoid inadvertent deletion or duplication of records in the Secondary Uses Service.

In these cases, Senders are strongly advised to only use the Net Change Update Mechanism of the Commissioning Data Set Submission Protocol as data integrity is more manageable using the Net Change process rather than the Bulk Replacement process.

CDS Net Change
When using the Net Change process, multiple data flows from different sites or systems using the same CDS INTERCHANGE SENDER IDENTITY must ensure that each Commissioning Data Set record has a properly maintained CDS UNIQUE IDENTIFIER.

If not, these submissions will most likely conflict and overwrite each other causing substantial data corruption in the Secondary Uses Service data base. It is recommended that wherever possible, individual sites or systems use a uniquely allocated CDS INTERCHANGE SENDER IDENTITY for submissions to the Secondary Uses Service.

CDS Bulk Replacement
When using the Bulk Replacement process, a sender must not make multiple data flows from different organisation sites or systems using the same CDS SENDER IDENTITY and provider site code or the interchanges will conflict and overwrite each other causing substantial data corruption in the Secondary Uses Service data base.

To prevent this happening, individual sites and systems within an organisation must use a unique CDS SENDER IDENTITY and provider site code combination for Commissioning Data Set submissions to the Secondary Uses Service. This can be achieved by utilising Provider and Site Codes already registered with the Organisation Data Service which will then differentiate multiple Commissioning Data Set flows for the same provider by using the last 2 digits of the ORGANISATION CODE.

End Of Year Considerations
It may be necessary to avoid changes to systems processes for multiple flows at the end of the financial year, and retain the ability to use the previously used Commissioning Data Set Submission Protocol for data submitted earlier in the year, until the organisation has completed any refresh of data for that year. ~~This would then ensure a complete set of commissioning data for that year for Payment by Results and Hospital Episode Statistics purposes.~~ This would then ensure a complete set of commissioning data for that year for the National Tariff Payment System and Hospital Episode Statistics purposes.

COMMUNITY INFORMATION DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The Community Information Data Set provides national definitions for the data required to generate consistent PERSON-based data from care records, which should be used for reporting and to monitor and manage Community Health Service provision.

The data collected in the Community Information Data Set is provided by Community Health Care Providers in England, and is in respect of any PATIENT in receipt of or referred to Community Health Services in England who is funded via an NHS Standard Contract for Community Services.

The Community Information Data Set is used by the Department of Health, commissioners of Community Health Services, providers of Community Health Services, and PATIENTS, as the data set provides:

- accurate information on which to make intelligent commissioning decisions to support Patient Choice and Any Qualified Provider policies
- information on the use of resources to improve the operational management of SERVICES
- information on SERVICE provision to enable and support PATIENT choice

The data will also be used for the following national and local purposes:

- managing and monitoring commissioning information
- informing commissioning decisions

- ~~traceability and visibility of Community Health Service expenditure, including support to the development of Payment by Results for Community Health Services~~
- traceability and visibility of Community Health Service expenditure, including support to the development of the National Tariff Payment System for Community Health Services
- monitoring access to and use of SERVICES
- addressing health inequalities
- monitoring outcomes
- ongoing service development and improvement
- comparing indicators of quality and safety of SERVICES
- improving Community Health Services
- research and SERVICE development

HIV AND AIDS REPORTING DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Background:

The scope of the HIV and AIDS Reporting Data Set is all PATIENTS who are newly diagnosed with Human Immunodeficiency Virus (HIV) or newly transferred to other Health Care Providers.

NHS Health Care Providers are required to generate the HIV and AIDS Reporting Data Set.

- The HIV and AIDS Reporting Data Set is used to:
- Identify the groups at risk of HIV infection in England
- Monitor the short and long term clinical outcomes of people living with HIV infection
- Monitor the effectiveness of the national policies and guidance
- Adapt and refine interventions, as appropriate.

Secondary analyses of aggregate outputs from the HIV and AIDS Reporting Data Set will be used to:

- ~~Support the commissioning of HIV Services through collation of data to inform the national HIV outpatient tariff for Payment by Results~~
- Support the commissioning of HIV Services through collation of data to inform the national HIV outpatient tariff for the National Tariff Payment System
- Conduct performance management at the Local Authority and national level.

For further information on Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV), see the Public Health England website.

Time period:

The extract covers one calendar quarter.

Frequency:

The HIV and AIDS Reporting Data Set is attendance based and should be submitted quarterly, 6 weeks after the end of the quarter.

Format:

Data for submission will be formatted into an xml file as per the HIV and AIDS Reporting Data Set Message.

Transmission:

Submissions are transmitted to Public Health England through a secure web portal on the Public Health England website.

The web portal enables ORGANISATIONS to submit data files in a secure manner to the HIV and STI Department of Public Health England across the internet and can be found at HIV & STI web portal.

For further information on the HIV and AIDS Reporting Data Set, see the Public Health England website.

MENTAL HEALTH CARE CLUSTER

Change to Supporting Information: Changed Description

A Mental Health Care Cluster is a MENTAL HEALTH CARE CLUSTER which is a type of CATEGORY VALUED PERSON OBSERVATION.

~~A Mental Health Care Cluster is part of a currency developed to support Payment by Results for Mental Health Services.~~A Mental Health Care Cluster is part of a currency developed to support the National Tariff Payment System for Mental Health Services. Mental Health Care Clusters are 21 groupings of Mental Health PATIENTS based on their characteristics, and are a way of classifying individuals utilising Mental Health Services that forms the basis for payment.

A Mental Health Care Cluster is assigned using a decision tree or algorithm based on the PERSON SCORE from the Mental Health Clustering Tool undertaken by a CARE PROFESSIONAL for the PATIENT.

This is done by first assigning the PATIENT to one of three Mental Health Care Cluster Super Classes, to narrow down the number of possible Mental Health Care Clusters which are applicable to the PATIENTS condition. The PATIENT is then assigned to the most appropriate of this sub-set of Mental Health Care Clusters.

The Mental Health Care Clusters into which the presenting needs of the PATIENT may fall are:

Care Cluster 0: Variance - Despite careful consideration of all the other Mental Health Care Clusters, this group of PATIENTS are not adequately described by any of their descriptions. PATIENTS who cannot be initially assigned to a Mental Health Care Cluster Super Class during the clustering process will be automatically assigned to this Mental Health Care Cluster.

Care Cluster 1: Common Mental Health Problems (Low Severity) - This group of PATIENTS has definite but minor problems of depressed mood, anxiety or other disorder, but they do not present with any psychotic symptoms

Care Cluster 2: Common Mental Health Problems (Low Severity with Greater Need) - This group of PATIENTS has definite but minor problems of depressed mood, anxiety or other disorder, but not with any psychotic symptoms. They may have already received care associated with Care Cluster 1 and require more specific intervention, or previously been successfully treated at a higher level but are re-presenting with low level symptoms

Care Cluster 3: Non-Psychotic (Moderate Severity) - This group of PATIENTS have moderate problems involving depressed mood, anxiety or other disorder (not including psychosis)

Care Cluster 4: Non-Psychotic (Severe) - This group of PATIENTS is characterised by severe depression and/or anxiety and/or other disorders, and increasing complexity of needs. They may experience disruption to function in everyday life and there is an increasing likelihood of significant risks.

Care Cluster 5: Non-Psychotic Disorders (Very Severe) - This group of PATIENTS will be severely depressed and/or anxious and/or other. They will not present with hallucinations or delusions but may have some unreasonable beliefs. They may often be at high risk for suicide and they may present safeguarding issues and have severe disruption to everyday living.

Care Cluster 6: Non-Psychotic Disorder of Over-Valued Ideas - This group of PATIENTS suffer from moderate to very severe disorders that are difficult to treat. This may include treatment resistant eating

disorders, Obsessive Compulsive Disorder etc, where extreme beliefs are strongly held, some personality disorders, and enduring depression.

Care Cluster 7: Enduring Non-Psychotic Disorders (High Disability) - This group of PATIENTS suffer from moderate to severe disorders that are very disabling. They will have received treatment for a number of years and although they may have an improvement in positive symptoms, considerable disability remains that is likely to affect role functioning in many ways.

Care Cluster 8: Non-Psychotic Chaotic and Challenging Disorders - This group of PATIENTS will have a wide range of symptoms and chaotic and challenging lifestyles. They are characterised by moderate to very severe repeat deliberate self-harm and/or other impulsive behaviour and chaotic, over-dependant engagement, and are often hostile with services.

Care Cluster 9: Cluster Under Review - Note: This Mental Health Care Cluster is under review and should not be used.

Care Cluster 10: First Episode Psychosis - This group of PATIENTS will be presenting to the Mental Health service for the first time with mild to severe psychotic phenomena. They may also have depressed mood and/or anxiety and/or other behaviours. Drinking or drug taking may be present but *will not* be the only problem.

Care Cluster 11: Ongoing Recurrent Psychosis (Low Symptoms) - This group of PATIENTS have a history of psychotic symptoms that are currently controlled and causing minor problems if any at all. They are currently experiencing a period of recovery where they are capable of full or near functioning. However, there may be impairment in self-esteem and efficacy and vulnerability to life.

Care Cluster 12: Ongoing or Recurrent Psychosis (High Disability) - This group of PATIENTS have a history of psychotic symptoms with a significant disability with major impact on role functioning. They are likely to be vulnerable to abuse or exploitation.

Care Cluster 13: Ongoing or Recurrent Psychosis (High Symptoms and Disability) - This group of PATIENTS will have a history of psychotic symptoms which are not controlled. They will present with moderate to severe psychotic symptoms and some anxiety or depression. They have a significant disability with major impact on role functioning.

Care Cluster 14: Psychotic Crisis - This group of PATIENTS will be experiencing an acute psychotic episode with severe symptoms that cause severe disruption to role functioning. They may present as vulnerable and a risk to others or themselves.

Care Cluster 15: Severe Psychotic Depression - This group of PATIENTS will be suffering from an acute episode of moderate to severe depressive symptoms. Hallucinations and delusions will be present. It is likely that this group will present a risk of suicide and have disruption in many areas of their lives.

Care Cluster 16: Dual Diagnosis - This group of PATIENTS have enduring, moderate to severe psychotic of affective symptoms with unstable, chaotic lifestyles and *co-existing* substance misuse. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

Care Cluster 17: Psychosis and Affective Disorder (Difficult to Engage) - This group of PATIENTS have moderate to severe psychotic symptoms with unstable, chaotic lifestyles. There may be some problems with drugs or alcohol not severe enough to warrant dual diagnosis care. This group have a history of non-concordance, are vulnerable, and engage poorly with services.

Care Cluster 18: Cognitive Impairment (Low Need) - People who may be in the early stages of dementia (or who may have an organic brain disorder affecting their cognitive function) who have some memory problems, or other low level cognitive impairment, but who are still managing to cope reasonably well. Underlying reversible physical causes have been ruled out.

Care Cluster 19: Cognitive Impairment or Dementia Complicated (Moderate Need) - People who have problems with their memory, and/or other aspects of cognitive functioning resulting in moderate problems looking after themselves and maintaining social relationships. Probable risk of self-neglect or harm to others and may be experiencing some anxiety or depression.

Care Cluster 20: Cognitive Impairment or Dementia (High Need) - People with dementia who are having significant problems in looking after themselves and whose behaviour may challenge their carers or services. They may have high levels of anxiety or depression, psychotic symptoms, or significant problems such as aggression or agitation. They may not be aware of their problems. They are likely to be at high risk of self-neglect or harm to others, and there may be a significant risk of their care arrangements breaking down.

Care Cluster 21: Cognitive Impairment or Dementia (High Physical or Engagement) - People with cognitive impairment or dementia who are having significant problems in looking after themselves, and whose physical condition is becoming increasingly frail. They may not be aware of their problems and there may be a significant risk of their care arrangements breaking down.

~~Further information relating to the Mental Health Clustering Tool and Mental Health Care Clusters is available from the Monitor website at: National Tariff document and annexes: Annex 7C – Mental health clustering tool booklet.~~Further information relating to the Mental Health Clustering Tool and Mental Health Care Clusters is available from the Monitor part of the gov.uk website at: Guidance on mental health currencies and payment.

MENTAL HEALTH CARE CLUSTER SUPER CLASS

Change to Supporting Information: Changed Description

A Mental Health Care Cluster Super Class is identified during the process of assigning a Mental Health Care Cluster to a PATIENT. It enables the number of applicable Mental Health Care Clusters to be narrowed down, by deciding if the origin of the presenting condition is primarily:

- non-psychotic
- psychotic or
- organic

If the PATIENT cannot be assigned to a Mental Health Care Cluster, MENTAL HEALTH CARE CLUSTER SUPER CLASS CODE is recorded as National Code Z '*Unable to assign* PATIENT *to Mental Health Care Cluster*', and the PATIENT will automatically be assigned to Mental Health Care Cluster 0 (Variance).

~~Further information relating to the Mental Health Clustering Tool and Mental Health Care Clusters is available from the Monitor website at: National Tariff document and annexes: Annex 7C – Mental health clustering tool booklet.~~Further information relating to the Mental Health Clustering Tool and Mental Health Care Clusters is available from the Monitor part of the gov.uk website at: Guidance on mental health currencies and payment.

MENTAL HEALTH CLUSTERING TOOL

Change to Supporting Information: Changed Description

The Mental Health Clustering Tool is a type of ASSESSMENT TOOL.

The Mental Health Clustering Tool is a needs assessment tool designed to rate the care needs of a PATIENT, based upon a series of 18 rating scales.

The first 12 of these rating scales are the same as the Health of the Nation Outcome Scale (Working Age Adults) rating scales, originally developed by the Royal College of Psychiatrists. These 12 rating scales are numbered 1 - 12 under 'Current Ratings' in the Mental Health Clustering Tool.

One additional 'current' rating and a new section relating to historical ratings have also been added, to form the Mental Health Clustering Tool. These items are referred to as the Summary Assessment of Characteristics (SAC) items.

Part 1: Current Ratings

These ratings relate to the most severe occurrence in the two weeks prior to the Mental Health Clustering Tool ASSESSMENT TOOL COMPLETION DATE.

1. Overactive, aggressive, disruptive or agitated behaviour (current)
2. Non-accidental self injury (current)
3. Problem drinking or drug taking (current)
4. Cognitive problems (current)
5. Physical illness or disability problems (current)
6. Problems associated with hallucinations and delusions (current)
7. Problems with depressed mood (current)
8. Other mental and behavioural problems (current), qualified by specific disorders: and the alphabetical list of headings from the glossary:

    A Phobic
    B Anxiety
    C Obsessive-compulsive
    D Stress
    E Dissociative
    F Somatoform
    G Eating
    H Sleep
    I Sexual
    J Other

9. Problems with relationships (current)
10. Problems with activities of daily living (current)
11. Problems with living conditions (current)
12. Problems with occupation and activities (current)
13. Strong unreasonable beliefs occurring in non-psychotic disorders only (current)

Part 2: Historical Ratings

These ratings relate to problems that occur in an episodic or unpredictable way, from a more 'historical' perspective. Whilst there may not be any direct observation or report of a manifestation during the two weeks prior to the Mental Health Clustering Tool ASSESSMENT TOOL COMPLETION DATE, the evidence and clinical judgement would suggest that there is still a cause for concern that cannot be disregarded. In these circumstances, any event that remains relevant to the current CARE PLAN should be included.

A. Agitated behaviour / expansive mood (historical)
B. Repeat self-harm (historical)
C. Safeguarding children and vulnerable dependant adults (historical)
D. Engagement (historical)
E. Vulnerability (historical)

The allowed responses to each of the 18 items in the Mental Health Clustering Tool are:

- 0 - No problem
- 1 - Minor problem requiring no action
- 2 - Mild problem but definitely present
- 3 - Moderately severe problem
- 4 - Severe to very severe problem
- 9 - Not known

The PERSON SCORE from the Mental Health Clustering Tool is used to allocate the PATIENT to the most appropriate Mental Health Care Cluster.

~~Further information relating to the Mental Health Clustering Tool and Mental Health Care Clusters is available from the Monitor website at: National Tariff document and annexes: Annex 7C – Mental health clustering tool booklet.~~Further information relating to the Mental Health Clustering Tool and Mental Health Care Clusters is available from the Monitor part of the gov.uk website at: Guidance on mental health currencies and payment.

MENTAL HEALTH MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The Mental Health Minimum Data Set was introduced by DSCN 20/99/P13 in April 2000 in response to the lack of national clinical data collection in the mental health arena, in line with the information requirements of the emerging National Service Framework for Mental Health.

Since April 2003 (DSCN 49/2002) it has been a mandatory requirement that all Providers of specialist adult, including elderly, mental health services submit central Mental Health Minimum Data Set returns on a quarterly basis, with an additional annual submission. Prior to April 2013 the frequency of the submission will change to a monthly basis.

The Mental Health Minimum Data Set facilitates the collection of person-focussed clinical data and the sharing of such data to underpin the delivery of mental health care. It is structured around the clinical process and includes an outcome assessment (Health of the Nation Outcome Scale (Working Age Adults), or HoNOS (Working Age Adults)). It records the key role played by partner agencies, particularly social services.

The Mental Health Minimum Data Set describes Adult Mental Health Care Spells. These comprise all interventions made for a PATIENT by a specialist Adult Mental Health Care Team from initial REFERRAL REQUEST to final discharge. For some individuals the Adult Mental Health Care Spell will comprise a short Consultant Out-Patient Episode; for others it may extend over many years and include hospital, community, out-patient and day care episodes.

Information is collected relating to various stages in the journey of the PATIENT, including activity such as Hospital Provider Spells, Consultant Out-Patient Episodes, community care, and NHS day care episodes; mental health reviews and assessments including Care Programme Approach (CPA) and Health of the Nation Outcome Scale (Working Age Adults) contacts with mental health professionals such as care co-ordinators, psychiatric NURSES and CONSULTANTS; and also any diagnosis and treatment.

The prime purpose of the Mental Health Minimum Data Set is to provide local clinicians and managers with better quality information for clinical audit, and service planning and management.

Central collection provides improved national information, facilitating feedback to Trusts, and the setting of benchmarks. It will also allow the delivery of the National Service Framework for Mental Health priorities to be monitored.

The Mental Health Minimum Data Set data is collected from NHS funded providers of specialist mental health services and submitted via the Bureau Services Portal provided by the Systems and Services Delivery (SSD) team. The Bureau Service processes submissions and produces local extracts for provider and commissioner ORGANISATIONS, and a national pseudonymised extract for the Health and Social Care Information Centre, for storage, analysis and reporting.

Please note that the collection of the Mental Health Minimum Data Set does not replace any other collection of mental health data such as the Admitted Patient Care Commissioning Data Set Type Detained and/or Long Term Psychiatric Census, which should continue to be collected.

For further information on the Mental Health Minimum Data Set, please view the Health and Social Care Information Centre website at: Mental Health Minimum Data Set.

Mental Health Minimum Data Set Version History

Version	Date Issued	Summary of Changes	DSCN / ISN	Implementation Date
1.0	November 1999	Introduction of Mental Health Minimum Data Set	DSCN 20/99/P13	April 2000
1.1	June 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 27/2002	April 2003
1.2	September 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 29/2002	April 2003
1.3	October 2002	Data Standards - Changes to Mental Health Minimum Data Set (MHMDS)	DSCN 48/2002	April 2003
2.0	October 2002	Mental Health Minimum Data Set - Mandatory Central returns. This version of the data set incorporates changes defined in DSCN 27/2002, DSCN 29/2002 and DSCN 48/2002.	DSCN 49/2002	April 2003
2.1	November 2007	Introduction of Mental Health Minimum Data Set Version 2.1	DSCN 37/2007	November 2007
3.0	February 2008	Introduction of Mental Health Minimum Data Set Version 3.0 - incorporating changes required for Mental Health Act 2007 and Public Service Agreement Delivery Agreement 16 (Social Exclusion)	DSCN 06/2008	April 2008
~~3.5~~	~~November 2010~~	~~Advance notification of changes to the Mental Health Minimum Data Set to meet Payment by Results requirements~~	~~ISB 0011 Amd 41/2010~~	~~01 April 2011~~
~~4.0~~	~~April 2011~~	~~Introduction of Mental Health Minimum Data Set (Version 4-0) - incorporating changes required for Payment by Results and reduction of burden~~	~~ISB 0011 Amd 87/2010~~	~~01 April 2012~~
3.5	November 2010	Advance notification of changes to the Mental Health Minimum Data Set to meet Payment by Results (PbR) requirements	ISB 0011 Amd 41/2010	01 April 2011
4.0	April 2011	Introduction of Mental Health Minimum Data Set (Version 4-0) - incorporating changes required for Payment by Results (PbR) and reduction of burden	ISB 0011 Amd 87/2010	01 April 2012
4.1	November 2012	Introduction of Mental Health Minimum Data Set (Version 4-1) - incorporating changes required for the collection of commissioner history	ISB 0011 Amd 25/2012	01 April 2013

The full list of documentation related to this standard can be found on the Information Standards Board for Health and Social Care website at: Standard ISB 0011

MONITOR

Change to Supporting Information: Changed Description

Monitor is an ORGANISATION.

~~Monitor:~~Monitor is the sector regulator for health SERVICES in England.

- ~~is the sector regulator for health care, with a duty to protect and promote the interests of PATIENTS i.e. regulates all providers of NHS funded SERVICES in England, except those that are exempt under secondary legislation~~
- ~~also set the tariffs for Payment by Results (PbR).~~

~~Monitor's main duty is to:~~Monitor's main duty is to protect and promote the interests of PATIENTS by ensuring that the whole sector works for their benefit.

~~protect and promote the interests of people who use health care SERVICES by promoting the provision of SERVICES which are economic, efficient and effective, and maintains or improves the quality of the SERVICES.~~

~~Monitor has an ongoing role in assessing NHS Trusts for NHS Foundation Trust status, and for ensuring that NHS Foundation Trust are well led, in terms of both quality and finances.~~

~~For further information on Monitor, see the Monitor website.~~For further information on Monitor, see the Monitor part of the gov.uk website at: Monitor.

MULTI-DISCIPLINARY CONSULTATION (NATIONAL TARIFF PAYMENT SYSTEM) renamed from MULTI-DISCIPLINARY CONSULTATION (PAYMENT BY RESULTS)

Change to Supporting Information: Changed Name, Description

~~Multi-Disciplinary Consultation (Payment By Results) is a CARE CONTACT.~~A Multi-Disciplinary Consultation (National Tariff Payment System) is a CARE CONTACT.

~~A Multi-Disciplinary Consultation (Payment By Results) is an attendance where two or more CONSULTANTS representing different MAIN SPECIALTIES see a PATIENT together, in the same attendance, at the same time. Additional CARE PROFESSIONALS may also be involved in the Multi-Disciplinary Consultation (Payment By Results). Where a PATIENT is seen by two or more CONSULTANTS representing the same MAIN SPECIALTY, this should be recorded as a Multi-Professional Consultation (Payment By Results).~~A Multi-Disciplinary Consultation (National Tariff Payment System) is an attendance where two or more CONSULTANTS representing different MAIN SPECIALTIES see a PATIENT together, in the same attendance, at the same time. Additional CARE PROFESSIONALS may also be involved in the Multi-Disciplinary Consultation (National Tariff Payment System). Where a PATIENT is seen by two or more CONSULTANTS representing the same MAIN SPECIALTY, this should be recorded as a Multi-Professional Consultation (National Tariff Payment System).

It does not apply where a PATIENT sees single CARE PROFESSIONALS sequentially as part of the same Out-Patient Clinic, or CLINIC OR FACILITY.

~~A Multi-Disciplinary Consultation (Payment By Results) should be recorded when a PATIENT benefits in terms of care and convenience from accessing the expertise of two or more CARE PROFESSIONALS at the same time.~~A Multi-Disciplinary Consultation (National Tariff Payment System) should be recorded when a PATIENT benefits in terms of care and convenience from accessing the expertise of two or more CARE PROFESSIONALS at the same time. The CARE PROFESSIONALS present must include at least two CONSULTANTS representing different MAIN SPECIALTIES. It does not apply if one CARE PROFESSIONAL is supporting another, either clinically or otherwise, for example in the taking of notes, acting as a chaperone, training, professional update purposes, operating equipment and passing instruments, etc.

~~The clinical input of Multi-Disciplinary Consultations (Payment By Results) must be evidenced in the relevant clinical notes and/or other relevant documentation.~~The clinical input of Multi-Disciplinary Consultations (National Tariff Payment System) must be evidenced in the relevant clinical notes and/or other relevant documentation.

~~A Multi-Disciplinary Consultation (Payment By Results) does not apply to multi-disciplinary meetings, where CARE PROFESSIONALS meet in the absence of the PATIENT.~~A Multi-Disciplinary Consultation (National Tariff Payment System) does not apply to multi-disciplinary meetings, where CARE PROFESSIONALS meet in the absence of the PATIENT.

~~For the purposes of Payment by Results, a Multi-Disciplinary Consultation (Payment By Results) is reported in the Out-Patient Commissioning Data Set:~~For the purposes of the National Tariff Payment System, a Multi-Disciplinary Consultation (National Tariff Payment System) is reported in the Out-Patient Commissioning Data Set:

- ~~as one Out-Patient Appointment attended with one CARE PROFESSIONAL recognised as the lead CARE PROFESSIONAL for the Multi-Disciplinary Consultation (Payment By Results), and~~
- as one Out-Patient Appointment attended with one CARE PROFESSIONAL recognised as the lead CARE PROFESSIONAL for the Multi-Disciplinary Consultation (National Tariff Payment System), and
- using the OPCS-4 code X62.3 *Assessment by Multidisciplinary team NEC*

MULTI-DISCIPLINARY CONSULTATION (NATIONAL TARIFF PAYMENT SYSTEM)_ renamed from MULTI-DISCIPLINARY CONSULTATION (PAYMENT BY RESULTS)

Change to Supporting Information: Changed Name, Description

- Changed Name from Data_Dictionary.NHS_Business_Definitions.M.Multi-Disciplinary_Consultation_(Payment_By_Results) to Data_Dictionary.NHS_Business_Definitions.M.Multi-Disciplinary_Consultation_(National_Tariff_Payment_System)
- Changed Description

MULTI-PROFESSIONAL CONSULTATION (NATIONAL TARIFF PAYMENT SYSTEM)_ renamed from MULTI-PROFESSIONAL CONSULTATION (PAYMENT BY RESULTS)

Change to Supporting Information: Changed Name, Description

~~Multi-Professional Consultation (Payment By Results) is a CARE CONTACT.~~A Multi-Professional Consultation (National Tariff Payment System) is a CARE CONTACT.

~~A Multi-Professional Consultation (Payment By Results) is an attendance where multiple CARE PROFESSIONALS are seeing a PATIENT together, in the same attendance, at the same time.~~A Multi-Professional Consultation (National Tariff Payment System) is an attendance where multiple CARE PROFESSIONALS are seeing a PATIENT together, in the same attendance, at the same time. This may include CONSULTANTS with the same MAIN SPECIALTY. ~~Where a PATIENT is seen by two or more CONSULTANTS with different MAIN SPECIALTIES, this should be recorded as a Multi-Disciplinary Consultation (Payment By Results).~~ Where a PATIENT is seen by two or more CONSULTANTS with different MAIN SPECIALTIES, this should be recorded as a Multi-Disciplinary Consultation (National Tariff Payment System).

It does not apply where a PATIENT sees single CARE PROFESSIONALS sequentially as part of the same Out-Patient Clinic, or CLINIC OR FACILITY.

~~A Multi-Professional Consultation (Payment By Results) should be recorded when a PATIENT benefits in terms of care and convenience from accessing the expertise of two or more CARE PROFESSIONALS at the same time.~~A Multi-Professional Consultation (National Tariff Payment System) should be recorded when a PATIENT benefits in terms of care and convenience from accessing the expertise of two or more CARE PROFESSIONALS at the same time. It does not apply if one CARE PROFESSIONAL is supporting another, either clinically or otherwise, for example in the taking of notes, acting as a chaperone, training, professional update purposes, operating equipment and passing instruments, etc.

~~The clinical input of Multi-Professional Consultations (Payment By Results) must be evidenced in the relevant clinical notes and/or other relevant documentation.~~The clinical input of Multi-Professional Consultations (National Tariff Payment System) must be evidenced in the relevant clinical notes and/or other relevant documentation.

~~For the purposes of Payment by Results, a Multi-Professional Consultation (Payment By Results) is reported in the Out-Patient Commissioning Data Set:~~For the purposes of the National Tariff Payment System, a Multi-Professional Consultation (National Tariff Payment System) is reported in the Out-Patient Commissioning Data Set:

- ~~as one Out-Patient Appointment attended with one CARE PROFESSIONAL recognised as the lead CARE PROFESSIONAL for the Multi-Professional Consultation (Payment By Results), and ***EITHER***~~

- as one Out-Patient Appointment attended with one CARE PROFESSIONAL recognised as the lead CARE PROFESSIONAL for the Multi-Professional Consultation (National Tariff Payment System), and ***EITHER***
- using the OPCS-4 code X62.2 *Assessment by Multiprofessional team NEC*.

MULTI-PROFESSIONAL CONSULTATION (NATIONAL TARIFF PAYMENT SYSTEM)_ renamed from MULTI-PROFESSIONAL CONSULTATION (PAYMENT BY RESULTS)

Change to Supporting Information: Changed Name, Description

- Changed Name from Data_Dictionary.NHS_Business_Definitions.M.Multi-Professional_Consultation_(Payment_By_Results) to Data_Dictionary.NHS_Business_Definitions.M.Multi-Professional_Consultation_(National_Tariff_Payment_System)
- Changed Description

NATIONAL CASEMIX OFFICE

Change to Supporting Information: Changed Description

The National Casemix Office (NCO) is an ORGANISATION.

The National Casemix Office designs and refines classifications that are used by the English NHS to describe healthcare ACTIVITY. ~~These classifications underpin the Payment by Results system from costing through to payment, and support local commissioning and performance management.~~ These classifications underpin the National Tariff Payment System from costing through to payment, and support local commissioning and performance management.

The National Casemix Office enables the NHS to:

- ~~**support ACTIVITY costing**: to inform the national tariff setting processes~~
- **support ACTIVITY costing**: to inform the National Tariff Payment System processes
- **report on PATIENT ACTIVITY information:** to ensure that providers are paid for the SERVICES they deliver
- **provide information:** to support epidemiological studies and service planning
- **enable providers and commissioners to use HRGs to benchmark and performance manage**.

For further information on the National Casemix Office, see the Health and Social Care Information Centre website.

NATIONAL TARIFF PAYMENT SYSTEM_ renamed from PAYMENT BY RESULTS

Change to Supporting Information: Changed Name, Description

~~Payment by Results (PbR) is managed by the Department of Health and provides a transparent, rules based system for paying NHS funded care in England.~~The National Tariff Payment System is managed by NHS England and Monitor.

~~It rewards efficiency, supports PATIENT choice and diversity and encourages ACTIVITY for sustainable waiting time reductions.~~The National Tariff Payment System sets out the national tariff for each year.

~~Payment is linked to ACTIVITY and adjusted for casemix. Importantly, this system ensures a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers.~~This set of prices and rules helps local Clinical Commissioning Groups work with Health Care Providers, such as NHS Trusts and NHS Foundation Trusts to identify which health care SERVICES provide best value to their PATIENTS.

~~For further information on Payment by Results, see the:~~For further information on the National Tariff Payment System, see the:

- ~~Department for International Development part of the gov.uk website at: Payment by results~~
- ~~Health and Social Care Information Centre website at: Introduction to Payment by Results.~~
- NHS England website at: NHS payment system
- Monitor and NHS England part of the gov.uk website at: The NHS payment system: documents and guidance.

NATIONAL TARIFF PAYMENT SYSTEM renamed from PAYMENT BY RESULTS

Change to Supporting Information: Changed Name, Description

- Changed Name from Data_Dictionary.NHS_Business_Definitions.P.Payment_by_Results to Data_Dictionary.NHS_Business_Definitions.N.National_Tariff_Payment_System
- Changed Description

SUPPORTING DATA SETS INTRODUCTION

Change to Supporting Information: Changed Description

Supporting Data Sets flow in the Admitted Patient Care Commissioning Data Sets

~~The purpose of the Supporting Data Sets is to provide a standardised set of data to support Payment by Results, Healthcare Resource Groups, Resource Management, Commissioning and national policy analysis.~~The purpose of the Supporting Data Sets is to provide a standardised set of data to support the National Tariff Payment System, Healthcare Resource Groups, Resource Management, Commissioning and national policy analysis.

MENTAL HEALTH CARE CLUSTER

Change to Class: Changed Description

~~A MENTAL HEALTH CARE CLUSTER is part of a currency developed to support Payment by Results for Mental Health Services. Mental Health Care Clusters are 21 groupings of Mental Health PATIENTS based on their characteristics, and are a way of classifying individuals utilising Mental Health Services that forms the basis for payment.~~A MENTAL HEALTH CARE CLUSTER is part of a currency developed to support the National Tariff Payment System for Mental Health Services.

Mental Health Care Clusters are 21 groupings of Mental Health PATIENTS based on their characteristics, and are a way of classifying individuals utilising Mental Health Services that forms the basis for payment.

LENGTH OF STAY ADJUSTMENT

Change to Attribute: Changed Description

~~The total number of days within a Consultant Episode (Hospital Provider) that a discrete period of activity such as Rehabilitation or Specialist Palliative Care occurred, which requires an adjustment to the total length of stay for Payment by Results purposes.~~The total number of days within a Consultant Episode (Hospital Provider) that a discrete period of ACTIVITY such as Rehabilitation or Specialist Palliative Care occurred, which requires an adjustment to the total length of stay for National Tariff Payment System purposes.

~~The LENGTH OF STAY ADJUSTMENT should be calculated using the Payment by Results rules (i.e. count of midnights). The LENGTH OF STAY ADJUSTMENT REASON should also be recorded.~~The LENGTH OF STAY

ADJUSTMENT should be calculated using the National Tariff Payment System rules (i.e. count of midnights). The LENGTH OF STAY ADJUSTMENT REASON should also be recorded.

Where several discrete periods of applicable activity for the same LENGTH OF STAY ADJUSTMENT REASON occur within one Consultant Episode (Hospital Provider), the number of days under the same LENGTH OF STAY ADJUSTMENT REASON should be totalled and reported in a single LENGTH OF STAY ADJUSTMENT.

MULTI-PROFESSIONAL OR MULTI-DISCIPLINARY INDICATION CODE

Change to Attribute: Changed Description

~~An indication of whether a PATIENT was seen by a single or multiple CARE PROFESSIONALS during an Clinic Attendance Consultant or Clinic Attendance Non-Consultant, recorded for the purposes of Payment by Results.~~An indication of whether a PATIENT was seen by a single or multiple CARE PROFESSIONALS during an Clinic Attendance Consultant or Clinic Attendance Non-Consultant, recorded for the purposes of the National Tariff Payment System.

National Codes:

1	Uni-Professional clinic attendance
~~2~~	~~Multi-Professional Consultation (Payment By Results) clinic attendance~~
~~3~~	~~Multi-Disciplinary Consultation (Payment By Results) clinic attendance~~
2	Multi-Professional Consultation (National Tariff Payment System) clinic attendance
3	Multi-Disciplinary Consultation (National Tariff Payment System)

Note:
This data item is included in Commissioning Data Set version 6-2, but should not be submitted until further development by the Department of Health has been undertaken.

REHABILITATION ASSESSMENT TEAM TYPE

Change to Attribute: Changed Description

An indication of whether the CARE PROFESSIONAL TEAM undertaking a Rehabilitation Assessment, is specialised or non-specialised. ~~This information is recorded for the purposes of Payment by Results.~~

This information is recorded for the purposes of the National Tariff Payment System.

National Codes:

1	Specialised Rehabilitation Team
2	Non-specialised Rehabilitation Team

Note:
~~This data item is included in Commissioning Data Set version 6-2, but should not be submitted until further development by the Department of Health has been undertaken.~~**This data item is included in Commissioning Data Set version 6-2, but should not be submitted until further development by the Department of Health has been undertaken.**

COMMISSIONING SERIAL NUMBER

Change to Data Element: Changed Description

Format/Length:	an6
HES Item:	CSNUM
National Codes:	
Default Codes:	

Notes:
COMMISSIONING SERIAL NUMBER is the same as attribute NHS SERVICE AGREEMENT NUMBER.

From 01/04/2001 this data item will be used to identify PATIENTS treated under Non-Contract Activities. NHS Trusts and NHS Foundation Trusts are required to insert the letters 'OAT' (mandated input as capitals) in the first three characters of the COMMISSIONING SERIAL NUMBER field of the Admitted Patient Care Commissioning Data Set. The remaining three characters will continue to be defined locally, see DSCN 17/2000.

~~From 01/04/2005 an '=' (equals) as the last significant character in this six character field will indicate an episode that should be excluded from the Payment by Results tariff. The position of the last character depends on any preceding characters eg 1st character if field is otherwise blank, 4th character if following 'OAT', up to a maximum of 6th position.~~From 01/04/2005 an '=' (equals) as the last significant character in this six character field will indicate an episode that should be excluded from the National Tariff Payment System tariff.

The position of the last character depends on any preceding characters eg 1st character if field is otherwise blank, 4th character if following 'OAT', up to a maximum of 6th position. This provides a general exclusion facility for unusual circumstances or where more specific rules regarding coding in other fields cannot be implemented due to local software restrictions.

ORGANISATION CODE (CODE OF COMMISSIONER)

Change to Data Element: Changed Description

Format/Length:	an3 or an5
HES Item:	PURCODE
National Codes:	
ODS Default Codes:	VPP00 - Private PATIENTS / Overseas Visitor liable for charge XMD00 - Commissioner Code for Ministry of Defence (MoD) Healthcare YDD82 - Episodes funded directly by the National Commissioning Group for England

Notes:
ORGANISATION CODE (CODE OF COMMISSIONER) is the same as attribute ORGANISATION CODE.

ORGANISATION CODE (CODE OF COMMISSIONER) is the ORGANISATION CODE of the ORGANISATION commissioning health care.

~~For Commissioning Data Sets, the ORGANISATION CODE (CODE OF COMMISSIONER) should always be the ORGANISATION CODE of the original commissioner to support Payment by Results.~~For Commissioning Data Sets, the ORGANISATION CODE (CODE OF COMMISSIONER) should always be the ORGANISATION CODE of the original commissioner to support the National Tariff Payment System.

The NHS England document "Who pays? Determining responsibility for payments to providers" sets out a framework for establishing responsibility for commissioning an individual's care within the NHS, (i.e. determining who pays for a PATIENT's care.)

The document includes information on the following:

- General Rules
- Applying the rules to Clinical Commissioning Group commissioned services

- Exceptions to the general rules
- Examples to help clarify the boundaries of responsibility between commissioning ORGANISATIONS.

For further information on this document contact NHS England at "Contact us".

ORGANISATION CODE (CODE OF PROVIDER)

Change to Data Element: Changed Description

Format/Length:	an3, an5 or an6
HES Item:	PROCODE
National Codes:	
ODS Default Codes:	89997 - Non-UK provider where no ORGANISATION CODE has been issued 89999 - Non-NHS UK provider where no ORGANISATION CODE has been issued

Notes:
ORGANISATION CODE (CODE OF PROVIDER) is the same as the attribute ORGANISATION CODE.

ORGANISATION CODE (CODE OF PROVIDER) is the ORGANISATION CODE of the ORGANISATION acting as a Health Care Provider.

~~For the Commissioning Data Sets, this should always be the ORGANISATION CODE of the Health Care Provider receiving the Payment by Results tariff income.~~For Commissioning Data Sets, the ORGANISATION CODE (CODE OF PROVIDER) should always be the ORGANISATION CODE of the Health Care Provider receiving the National Tariff Payment System income.

For enquiries about this Change Request, please email information.standards@hscic.gov.uk